

Project Wellness Edge

Wellness Edge* at the University of Kentucky Human Development Institute aims to increase the quality of engagement for individuals with paralysis and their support networks in recreational settings, and thereby improve health outcomes of not only the individual but also his or her support network. Wellness Edge will build capacity of local communities to enhance and facilitate access to recreational programs, so they might effectively serve individuals with paralysis and their support networks. Our target population is individuals with any type of paralysis and their support networks, including caregivers, family, and friends. Wellness Edge will — 1) Identify nonprofit community based disability organizations that provide long term services and supports which are implementation-ready, have innovative ideas, and want to increase access, through a competitive subaward process; 2) Fund and support sub awardees to implement innovative feasible solutions by providing technical assistance on advocacy, accessibility, and programming, and; 3) Collect data on the efficiency of the subawards process and the impact of the subaward on individuals with paralysis and their support networks in their local communities.

Wellness Edge will collaborate with non-profit organizations around our state to ensure the active participation of individuals with disabilities in recreation programs.

Recreation activities are defined as structured or organized group activities which are intentionally designed to benefit individuals, groups or communities. Camaraderie, skill development, fitness and enjoyment tend to be primary motivations for recreation participation. Given the higher health risk that individuals with paralysis face and the lack of infrastructure in the state to provide accessible and inclusive recreational programming, there is a strong need to help communities develop, implement, and provide accessible recreational services.

Approved Projects awards may range from \$10,000.00 - \$24,999 per organization.

A maximum of six (6) projects will be funded provided at least six eligible applications are received. Funding for any one proposal cannot exceed \$24,999. Applicants may submit more than one proposal but only one award per applicant will be allowed. Funds will NOT support requests to bring an entity into compliance with the Americans with Disabilities Act as that is the legal responsibility of the organization.

Proposal Criteria

1. Proposed activities must take place within a 12-month period, July 1st 2019-June 30th 2020.
2. Proposed activities must conclude by June 30, 2020.
3. Applicants must be Kentucky-based organizations.
4. Applicants must demonstrate an ability to provide structured or organized group activities which are intentionally designed to benefit individuals, groups or communities.
5. Preference will be given to applicants committed to providing inclusive activities (activities that are not aimed solely at people with disabilities).
6. Applicants should use person-first language when referring to people with disabilities.
7. Upon acceptance of the proposal, awardee agrees to work with Wellness Edge staff to enter into the University of Kentucky online subcontract system. Award payments will be made based upon completion of project milestones with final award payment made upon receipt of final report and final invoice. Final report and invoice must be received no later than June 25, 2020.

This Program will **not** fund the following:

Organization overhead expenses

Medical services

Fundraising activities

Awardees agree to provide requested data that will measure the impact and effectiveness of awards.

To apply for the Wellness Edge Community Recreation Grants, please answer the questions in the body of the application form and complete the line item budget page. The completed application must be received by 5 p.m. EST May 14th, 2019. Applications will be scored by a review panel. Applicants selected for funding will be notified by May 30th, 2019. **For questions or concerns contact wellnessedge@uky.edu or Jason Jones at 859-552-3012**

Organization Description

Name of Organization _____

Organization Address _____

Tax ID Number _____

Name of the Contact Person _____

Email Address _____

Phone Number _____

Project Description

Project Name _____

Project Description (150 Words or less) _____

Amount of funds requested _____

What is your idea to promote healthy recreational opportunities for individuals with paralysis and their support networks in the next 12 months?

Why is your project important? What need or gap is your project addressing?

As you envision the project, describe 6 major project implementation milestones along with the timeline that will outline the project from start to completion? Milestone examples: comparison quotes for equipment purchase, development of recruitment materials, participant registration completion for an event etc. The purpose of a milestone is to help you and us track the progress of the project over time

Please briefly describe your organization's capacity to carry out the project milestones in a timely manner

Will you be partnering up with another organization? If yes, describe the partnership. Please note that you are required to submit a letter of commitment from the partner.

Will you be purchasing adaptive equipment? If yes, describe how you are going to store and maintain the general upkeep of the equipment. Please note that Project Wellness Edge will not pay for storage or upkeep of the equipment.

Please describe how are you going to promote the project and recruit individuals with paralysis and their families? Are you going to do targeted outreach for rural and underserved communities?

Budget

Provide an itemized budget. The proposed budget should be clearly justified and consistent with the proposed objectives and activities.

Letters of Support

If you are partnering with an organization to help implement any project milestone then please attach a letter of support from the organization (assisting with recruiting, promotion, management, providing location space etc.)

Please send your finalized application, itemized budget, and letters of support to

wellnessedge@uky.edu

Thank you for applying and we look forward to reviewing your application soon!